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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (517) 273-8300
Date: October 18, 2006
Pages: 17 pages (including this cover sheet)

MESSAGE:

METHOD AND SYSTEM FOR CREATING AND ADMINISTERING INTERNET
MARKETING PROMOTIONS
Examiner J. Janvier
Serial No. 09/805,336

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

(696.003)

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Amendment Transmittal

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Atty. Docket No. 696.003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.
Serial No. : 09/805,336 Examiner : Jean D. Janvier
Filed : March 13, 2001 Group Art Unit : 3622
For : METHOD AND SYSTEM FOR CREATING AND
ADMINISTERING INTERNET MARKETING
PROMOTIONS

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

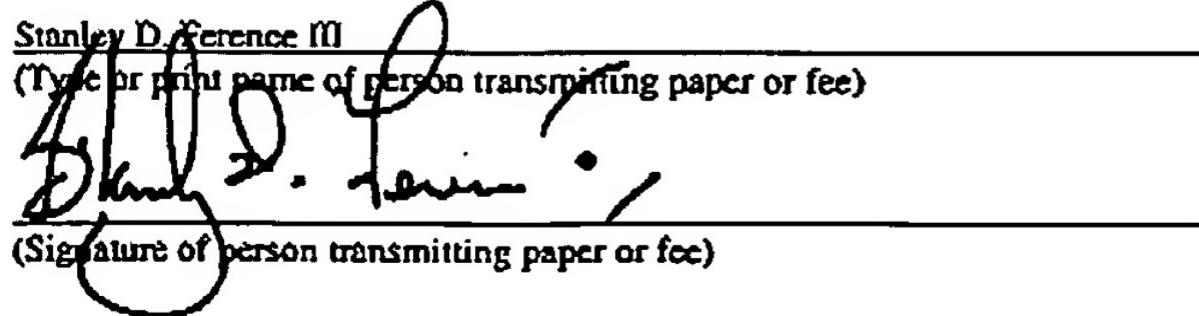
OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. Small Entity status under 37 C.F.R. 1.27 has previously been established.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on October 18, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

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Amendment Transmittal

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OCT 18 2006

5. Also enclosed: _____
6. No additional filing fee is required.
7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>	
				RATE	Fee	RATE	Fee
Total Claims	17	** 20	= * 0	x \$25	=	O x \$50	=
Ind. Claims	1	*** 3	= * 0	x \$100	=	O x \$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O + \$360	=
				<u>TOTAL</u>	= \$0	O <u>TOTAL</u>	= \$
						R	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

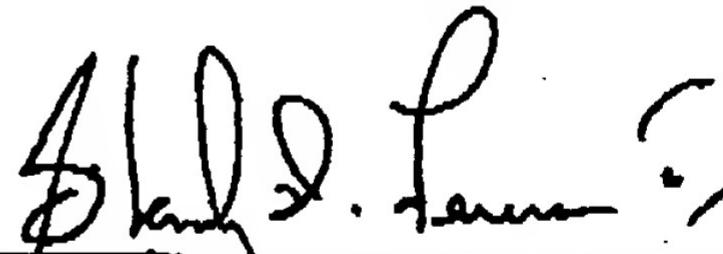
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. Applicant encloses herewith a check for \$_____ to cover the filing fee.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: October 18, 2006

Mailing Address:

Customer No. 35195
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